	POSITION	INITIALS	ID NO.	DATE	
*	FEE DETERMINATION	58	202/10	1029	
·	O.I.P.E. CLASSIFIER		7,7479	11:18 21	
9	FORMALITY REVIEW	un		10.18 27	
			EX OF CLAIMS		
BE	ST AVAILABLE	T AVAILABLE COPY Rejected Allowed		Non-elected	
ď	— (Throi	igh numeral) Canceled Restric	1 A	Appeal Objected	
11	<del>-</del>	Nestric			
4	Claim Date	Claim	Date		
	Original	Original Original		Final	
1/		51	+++++++	110	
	2	52		112	
$A \setminus A$	3	53	<del>┤┤┤┤</del> ┼┼┼	114	
<b>1</b>	4 1	55		115	
1	6	56		116	
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		66		116	
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	1 2 1	70	+++++	120	
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	24	74		124	
	25	75		125	
	26	76	<del>┊</del> ┼┼┼┼┼	127	
	27 28	78		128	
	29	79		129	
	30 37 32	70	+++++	131	
	37	82		132	
	33	83 R4	+++++	133	
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	36	87	++++++	137	
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1	41	91	++++++	142	
-	42	93	++++++	143	
4	43	94		144	
!	45	95	<del>- - - - - -</del>	146	
	46	96	-++++++++++	147	
	48	98		148	H-+

If more than 150 claims or 10 actions staple additional sheet here

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